UNDER 18 PLAYER TRANSFER APPLICATION

Letter of Approval

The **Czech Ice Hockey Association** (Member National Association) hereby requests the transfer of this player, currently under 18 years of age, using a Letter of Approval as specified in Chapter 4 of the IIHF International Transfer Regulations. The details of this player are as follows:

Player Family Name: _____

Player First Name: _____

Citizenship: _____ Sex: _____

Place and Country of Birth: _____

Date of Birth: _____(DD) _____(MM) _____ (YY)

Old National Association: _____ Last Club: _____

New National Association: _____ New Club: _____

Transfer: (**Check ✓ one only)** ☐ Limited until: _____

☐ Unlimited

_____ _____
Player / Guardian / Parent Signature Date

_____ _____
Old Member National Association Signature Date Stamp

_____ _____
New Member National Association Signature Date Stamp